



Physician Fax Form Option for Walgreens Mail Service

If you wish to have your physician fax your mail service prescription to the mail service pharmacy, please log on to http://www.walgreenshealth.com/whc/mpfarm/jsp/ms_print_physician.jsp to download a physician fax form. Please select the Tempe mail service pharmacy version.

Before you may use this form, you must be a registered Walgreens Mail Service customer. If you are using Mail Service for the first time, you must complete the [Online Registration Form](#) prior to having your physician fax us your prescription with the Fax Order Form. The Online Registration Form can be located on-line at:

<https://www.walgreenshealth.com/whc/mpfarm/jsp/mail-registration.jsp;sessionId=W5HXJ4EVUOVO2CSJY2ZOV3Q>

Your Rx group # is 512298 and your member ID can be found on your medical ID card.

Please find a sample of the physician's fax form below. Please note that Walgreens Mail Service can only fill a prescription using the fax form method if the form is faxed directly from the Physician's office.

Walgreens Mail Service Pharmacy Physician Fax Form

State of Arizona **WHP 639**

FAX ORDER FORM **WHI**

(print your company name above)

INTERCOM: _____ **UPI NO.:** _____

PHYSICIAN: Please fax fully completed form to Walgreens Healthcare Plus: 1-800-332-9581.
TO THE PATIENT: Walgreens Healthcare Plus is your mail service pharmacy.
Please make every attempt to obtain a new written prescription from your doctor
and send it with an order form and payment to:
Walgreens Healthcare Plus, P.O. Box 29061, Phoenix, AZ 85038-9061
Customer Service: 1-800-345-1985 (TTY for hearing impaired: 1-800-573-1833)
If you are unable to make an appointment with your doctor, follow these steps to obtain
your prescription:
• Fully complete the sections below using black ink only.
• A credit card number is required at the time the form is submitted.
• Have your doctor supply the prescription information requested using prescriber's form.
• Have your doctor fax the form to the number above.
• IMPORTANT: To be valid, the prescription must be faxed from your doctor's office.
• Please allow 2 weeks for delivery from the date your physician faxes your prescription in.
PLEASE NOTE: By submitting this form, you have authorized release of all information to Walgreens Healthcare Plus
(and other necessary parties) as required to process your prescriptions and their refills under your benefit plan.

**Facsimile Not valid for CII prescriptions
Valid only at Walgreens Healthcare Plus**

Dr. _____ Dr. _____
DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE
MAY SUBSTITUTE

PHYSICIAN NAME (PLEASE PRINT): _____
REFILL _____ TIMES ADDRESS _____
DEA # _____ TELEPHONE # _____

**Facsimile Not valid for CII prescriptions
Valid only at Walgreens Healthcare Plus**

Dr. _____ Dr. _____
DISPENSE AS WRITTEN SUBSTITUTION PERMISSIBLE
MAY SUBSTITUTE

PHYSICIAN NAME (PLEASE PRINT): _____
REFILL _____ TIMES ADDRESS _____
DEA # _____ TELEPHONE # _____

CARDHOLDER INFORMATION

ID Number (located on ID card) _____ Suffix (if on card) _____
Group Number _____ Date of Birth _____
Name (First, Last) _____ E-mail Address _____
Address (please do not use P.O. box) _____ Daytime Phone _____
City _____ State _____ Zip Code _____ Evening Phone _____

PATIENT INFORMATION

Patient Name (First, Last if different from above) _____ ☐ Male ☐ Female Patient Date of Birth (Mo/Day/Yr) _____
Patient E-mail Address _____

PATIENT ALLERGIES: ☐ No Known ☐ 02-Codine ☐ No Known ☐ 200-Diabetes ☐ 300-Hypertension
☐ 70-Penicillin ☐ 87-Sulfas ☐ 400-Heart Disease ☐ 500-Glaucoma ☐ 600-Stomach Disorders
☐ 93-Tetracycline ☐ Other (list): _____ ☐ 700-Thyroid Disease ☐ 800-Arthritis ☐ Other (list): _____

Dr.'s Name _____ Dr.'s Phone _____

PAYMENT INFORMATION

PLEASE NOTE: It is standard pharmacy practice to substitute generic equivalents for brand-name
drugs whenever possible. Walgreens Healthcare Plus will dispense an FDA-approved generic equivalent
whenever available, permitted by your prescriber, and allowable by law. If you do
not want a generic equivalent, please call our Customer Service number to advise.
CREDIT CARD NUMBER (VISA, MasterCard, Discover, American Express) _____ CREDIT CARD EXP. _____

- 1** Fill in the information at the top of the form as indicated
- 2** This is where your physician will enter your Prescription Information
- 3** Enter the **Cardholder's** 9-digit ID Number, this will be found on your medical ID card.
- 4** Leave the Suffix Code blank
- 5** Enter your Group Number here – your Group Number is 512298
- 6** Enter the **Cardholder's** information in this space, including the cardholder's Date of Birth
- 7** Enter the **Patient's** information in this space

****Have the Physician fax the completed form to 1-800-332-9581. Walgreens mail service pharmacy can only accept this prescription fax form if it is faxed from the physician's office. In addition, you must be a registered Walgreens Mail Service customer.**

****If you need assistance with completing this form or have any questions, please contact Walgreens Mail Service Customer Service at 1-866-722-2125.**